

RECIPROCAL APPLICATION FOR A CHIROPRACTIC LICENSE

READ all instructions prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted as per instructions. When space provided is insufficient, attach additional sheet(s) of paper. All attachments are considered part of the application. If you are an out-of-state applicant, contact our office for the required fingerprint cards. Standard processing time is three to five months. Application Processing Fee is \$100.00. The fee is non-refundable. Make your check payable to "BOCE".

ALL APPLICANTS ARE REQUIRED TO TAKE AND PASS THE CALIFORNIA LAW & PROFESSIONAL PRACTICES EXAM

Type or print clearly.

NAME:			Last	First	Middle
Other names you have used (include maiden name):					
ADDRESS: Number and Street (will be released to the public once you are licensed UNLESS you update with a practice address)					
City		State		Zip Code	
Telephone Number (include area code) Home:		Driver's License Number / State		Sex:	
Work:		Expiration Date:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth:		Social Security Number:		Are you a U.S. citizen?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL BACKGROUND

Name of High School	Location (City, State)	Date of Graduation or GED earned
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List all undergraduate schools attended

Dates Attended From	To	Name of college or university (no abbreviations or acronyms)	Location	Date and Degree Earned

Chiropractic college/s attended:

Dates Attended From	To	Name of Chiropractic College	Location	Date and Degree Earned

Which State are you reciprocating from? _____
(Be sure this state has completed our *Certification of Licensure and State Endorsement* form)

FOR OFFICE USE ONLY
Cashiered Date: _____
Amount Rec'd: _____

1. Have you ever filed an application for chiropractic examination or licensure in California? ☐ Yes ☐ No

If "Yes", please give the year and outcome of the previous application:

2. Have you ever been licensed to practice chiropractic in any state, province or territory?..... ☐ Yes ☐ No

Jurisdiction	License Number	Date of Issuance	Dates of Practice

If "Yes", have each chiropractic agency submit license verification to the CA Board of Chiropractic Examiners

3. Do you hold any other professional license in any state, province or territory?..... ☐ Yes ☐ No

If yes: Profession: _____ Issuing Agency: _____ Lic #: _____

Has this license ever been revoked or subject to discipline? ☐ Yes ☐ No

If you answer "Yes" to questions 4 through 10, provide official documentation regarding the matter in addition to your written personal explanation. If these documents are not provided with the application, they will be requested before your application can be processed.

4. Have you ever withdrawn from, or been suspended, dismissed or expelled from a chiropractic college OR have you ever taken a leave of absence? ☐ Yes ☐ No

5. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts or malpractice by any licensing board, or other agency, or hospital? ☐ Yes ☐ No

6. Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders, or letters or warning, regarding any healing arts license which you now hold or have ever had? ☐ Yes ☐ No

7. Is any such action as described above pending? ☐ Yes ☐ No

8. Has a claim or action for damages ever been filed against you in the course of the practice of chiropractic or any other healing art which resulted in malpractice settlement, judgement, or arbitration award of over \$3,000.00? ☐ Yes ☐ No

9. Have you ever been denied a license, permission to practice chiropractic or any other healing art, or denied permission to take an examination in any state, territory, country, or U.S. federal jurisdiction, or is any such action pending? ☐ Yes ☐ No

10. Have you ever voluntarily surrendered a license to practice chiropractic or any other healing arts in this or any other state, or is any such action pending? ☐ Yes ☐ No

11. Do you have any condition which in any way impairs or limits your ability to practice chiropractic with reasonable skill and safety, including but not limited to, any of the following? ☐ Yes ☐ No

If "Yes", check the appropriate box(es):

- ☐ A condition which required admission to an inpatient psychiatric treatment facility
☐ Alcohol or chemical substance dependency or addiction
☐ Emotional, mental or behavioral disorder
☐ Other (explain): _____

Applicant Initial Here

FOR THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED. TRAFFIC VIOLATIONS OF \$500 OR LESS NEED NOT BE REPORTED.

12. Have you ever been convicted or pled guilty or pled nolo contendere to ANY violation (include every misdemeanor or felony) of any local, state, or federal law of any state, territory, country, or U.S. federal jurisdiction?

☐ Yes ☐ No

13. Is any criminal action related to the above pending?

☐ Yes ☐ No

If you answered "Yes" to questions 12 or 13, attach a written DETAILED explanation, obtain a copy of the arrest report and include CERTIFIED copies of all court documents for each conviction. Include proof of completion of any terms of probation.

SPECIAL ACCOMMODATIONS

14. Do you have a disability or impairment for which you may need assistance during the written California Law & Professional Practice Examination?

☐ Yes ☐ No

If "Yes", describe the nature of your disability and the accommodations you are requesting?

Attach the following:

- Current documentation from a doctor, psychologist, psychiatrist, or other appropriate professional certifying your disability

PHOTOGRAPH AND PERSONAL IDENTIFICATION

Attach a current photograph of yourself in the space provided. The picture should have been taken no longer than 6 months ago.

Attach photograph here.

No larger than the box.

Hair Color: _____

Eye Color: _____

Height: _____

Weight: _____

Physical marks, scars, or tattoos:

Applicant Initial Here

Application Declaration / Signature

*I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the foregoing information contained on this application, including any attachments. I also certify that I personally completed this application and have read and understood the instructions. **I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.***

Signature of Applicant: _____
(Please Sign Full Name, not initials)

Signed on this _____ day of _____
MONTH YEAR

Mail your application, attachments and fees to:

State of California
Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833
916-263-5355

Notice

Section 5 of the Chiropractic Initiative Act of California and Sections 331.12.1 and 331.12.2 of Article 4 of Title 16, California Code of Regulations require that the Board of Chiropractic Examiners request the information on this application. Failure to provide the information is sufficient reason for the Board to reject the application as incomplete and deny licensure.

The information you provide, unless kept confidential by law or exempted under the Information Practices Act, will become public record and may be shared with attorneys and law enforcement agencies which assist the Board in enforcing the laws and regulations pertaining to the practice of chiropractic in California. Subject to the provisions of the Information Practices Act, you may review or obtain copies of information contained in your records from the Board's office.

Disclosure of your U.S. Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, your application for licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.